

My residence, post office address and citizenship are as stated below next to my name; that

ROLL HAVING GLASS COATING

Check one

- I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):


I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Registration No. 27,075;
William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562;
Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450;
Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565;
Stephen J. Roe, Registration No. 34,463; and
John Beck, Registration No. 22,833.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 ***Typewritten Full Name***
of First or Sole Inventor

of First or Sole Inventor		Christopher	D.	BLAIR
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	May	26	2000
		Month	Day	Year
Residence:	Ontario	New York	USA	
	City	State or Province	Country	
Citizenship:	USA			
Post Office Address:				
(Insert complete mailing address, including country)		499 Ridge Road		
		Ontario, New York 14519		

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Timothy	R.	JASKOWIAK
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** Timothy R. Jaskowiak

3 ****DATE OF SIGNATURE:**

5	30	2000
Month	Day	Year

Residence: Webster New York USA

City	State or Province	Country
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Citizenship: USA

Post Office Address:
(Insert complete mailing address, including country)

203 Lake Road

Webster, New York 14580

1 **Typewritten Full Name**
of Third Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: _____

City	State or Province	Country
------	-------------------	---------

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: _____

City	State or Province	Country
------	-------------------	---------

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence: _____

City	State or Province	Country
------	-------------------	---------

Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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